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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC'D., and the number of each, in order of birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>134</u>
District of <u>Pine</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>375</u>
Town of <u>Pine</u>			Local Registrar No. _____
or			
City of _____	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Patricia Polk</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>6</u> <u>18</u> <u>1923</u> Month Day Year	
8. FATHER Full name <u>Alton Polk</u>		14. MOTHER Full maiden name <u>Eva Good</u>	
9. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Rice Ariz</u> If nonresident, give place and state	
10. Color or race <u>Indian</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Indian</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>San Carlos Ariz</u> (State or country)		18. Birthplace (city or place) <u>Rice Ariz</u> (State or country)	
13. Occupation <u>Farmer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p> <p>I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 A</u> m. on the date above stated. (Born alive or stillborn.)</p> <p>Signature <u>P. R. Sawyer M.D.</u> (Physician or midwife)</p> <p>Address <u>San Carlos Ariz</u></p> <p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.</p> <p>Given name added from _____ a supplemental report _____ Month, day, year.</p> <p align="center">Registrar.</p>			
Filed <u>9/20</u> , 19 <u>23</u>		Filed <u>7/5</u> , 19 <u>23</u>	
County Registrar. <u>B. E. Loy</u>		County Registrar. <u>B. E. Loy</u>	

772-618-575